



STATE OF MARYLAND

DHMH

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November 20, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:46 **Reporting for the week ending 11/15/08 (MMWR Week #46)**

CURRENT HOMELAND SECURITY THREAT LEVELS

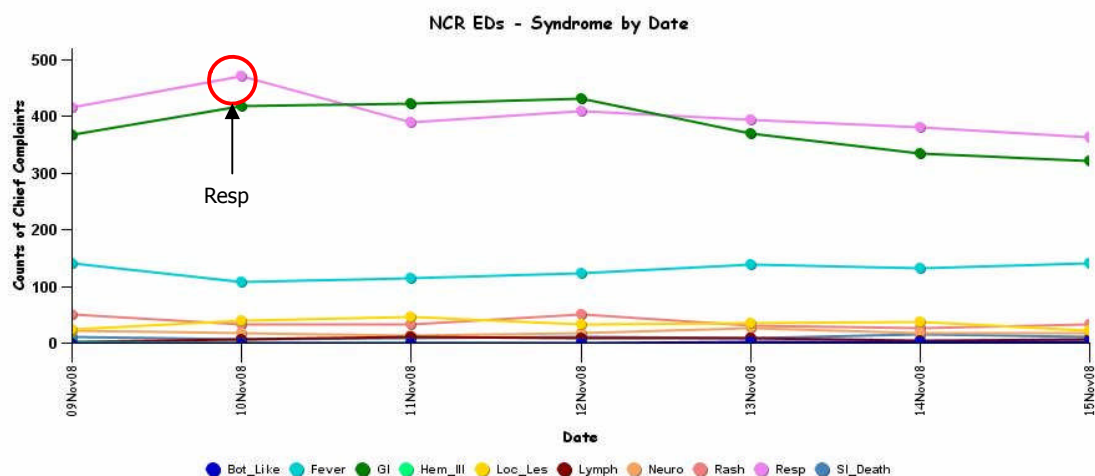
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

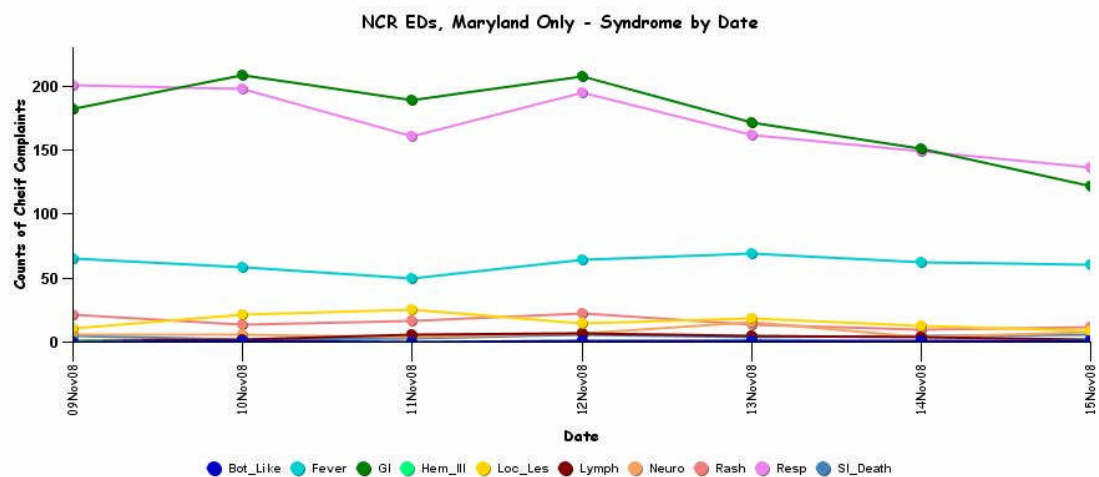
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

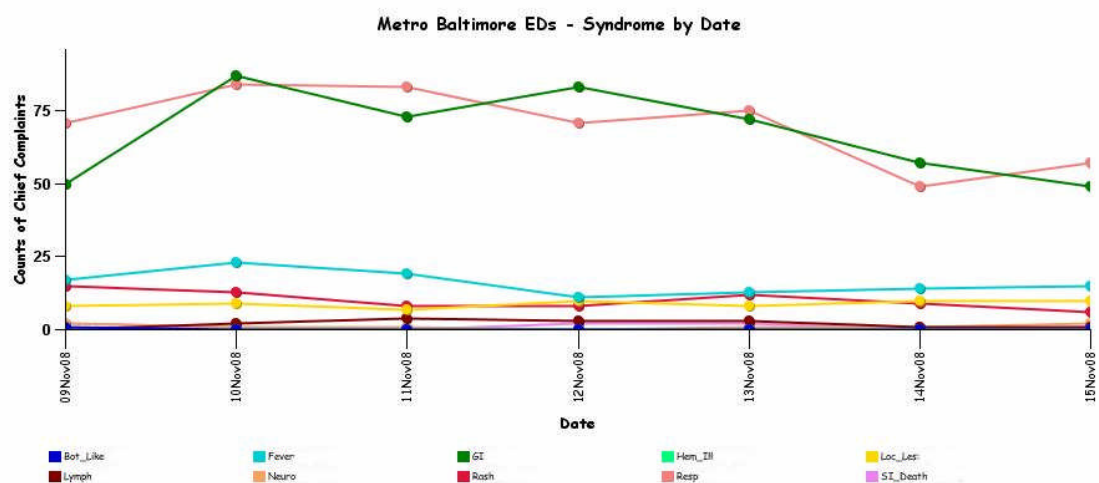
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



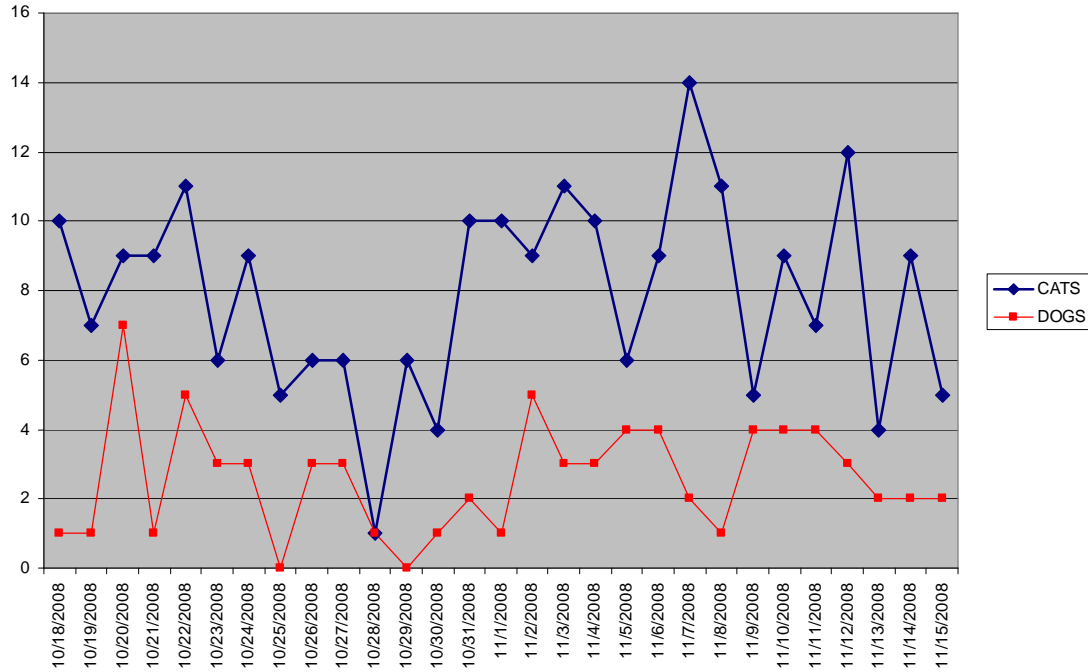
* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

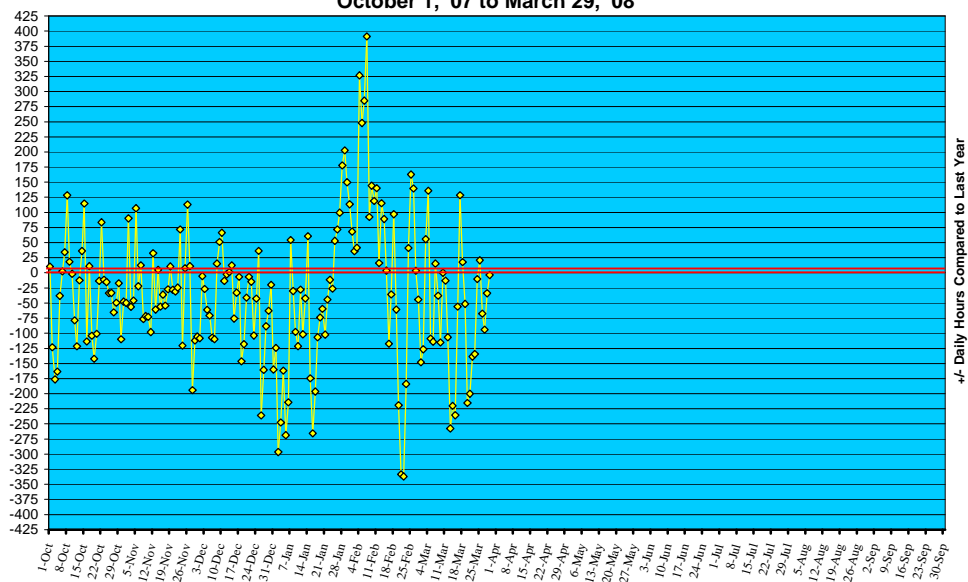


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in October 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Nov 09 - 15, 2008):	22	1
Prior week (Nov 02 - 08, 2008):	23	0
Week#46, 2007 (Nov 11 - 17, 2007):	12	0

4 outbreaks were reported to DHMH during MMWR Week 46 (Nov. 9- Nov. 15, 2008):

2 Gastroenteritis outbreaks

1 outbreak of GASTROENTERITIS associated with a Nursing Home

1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility

2 Rash illness outbreaks

1 outbreak of RASH ILLNESS associated with a School

1 outbreak of HAND, FOOT, AND MOUTH DISEASE associated with a Daycare Center

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. There were 5 lab-confirmed cases of influenza reported to DHMH during Week 46.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmmh.state.md.us/flu.htm>

WHO update: As of September 10, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 387, of which 245 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA (THAILAND): Another bird-flu outbreak among fowls was confirmed in Thailand's northern province of Uthai Thani. Sakchai Sriboonsue, the director-general of Livestock Department, said on Thursday [13 Nov 2008] that lab tests confirmed that fowls, which died earlier in the province, caught avian flu virus. He said his department had already taken all necessary actions to control the outbreak before the lab results came out. On Sunday [9 Nov 2008], the department also confirmed that the bird flu outbreak among fowls was detected in Sukhothai province. Thailand's Public Health Ministry on Thursday declared 9 Northern provinces under a special watch for the deadly avian influenza. Deputy Permanent Secretary for Public Health Dr. Paichai Varachit said the decision to impose the special monitoring was made at a meeting of ministry officials early Thursday [13 Nov 2008].

NATIONAL DISEASE REPORTS:

No New disease outbreaks were reported to CDC Critical Biological Agents for MWWR week 46.

INTERNATIONAL DISEASE REPORTS:

JAPANESE ENCEPHALITIS (INDIA): 15 Nov 2008. Official sources said that 4 children succumbed to deadly encephalitis at BRD Medical College Hospital here and adjoining district hospitals during past 24 hours, mounting the death toll due to deadly disease to 447. As many as 14 new patients of suspected encephalitis or brain fever have been admitted to BRDMCH and other hospitals on Friday [14 Nov 2008], the sources said, adding that a total of 122 patients of suspected encephalitis are at present being treated at the medical college and different district hospitals of the region. The patients are from Gorakhpur, Kushinagar, Deoria, Mahrajganj, Sant Kabir Nagar and Siddharthanagar districts. As many as 2426 cases of encephalitis have been registered at BRDMCH and other district hospitals since January this year. Of this, 447 died, the health department sources said. (Viral Encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, DRUM WORKSHOP (UK): 12 Nov 2008. Following the announcement of the death of a patient from inhalation anthrax the Health Protection Agency (HPA) have been carrying out testing at the patient's workshop in Hackney, where animal skin drums were made. Testing was carried out to see whether there were traces of anthrax at the property and if any specialist cleaning was needed before it could be used again. Samples were taken from the property on Tuesday [4 Nov 2008] and tested at the Agency's specialist laboratories in Porton Down. Results from these samples confirmed that anthrax was found on one of 5 drums in the property and also on some animal skins. No traces of anthrax were found in the other samples, which were taken from a wide variety of places within the property. Dr Brian McCloskey, director of the Agency in the London Region said, "These results mean that we will not need to carry out wide scale specialist cleaning at the property. We have already taken the animal skins away and will be removing the drum early next week [week of 17 Nov 2008]. We will then carry out some final checks and if all is well we will be able to hand the keys back to the owner. We have informed all residents of the local area about these results and have thanked them for their patience during this investigation." (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, STUDENTS (UGANDA): 12 Nov 2008. The Seeta High School student who died recently was not poisoned, but died of botulism, medical reports have revealed. The director General of health services, Dr Sam Zaramba, yesterday [11 Nov 2008] said the Senior Five student died of botulism, according to reports from the Centre for Disease Control (CDC) and the health ministry. On the morning of Mon 20 Oct 2008, the female student was taken to the school's sickbay, with pain in the throat and breathing complications. Her parents were called in after the school nurse said she could not manage her condition. She was taken to International Hospital Kampala, where she died 5 days later. The student's friend, who a day before had complained of vision problems, was admitted at Mulago Hospital's Intensive Care Unit and remains hospitalized. Another student who was admitted has since been discharged. "When the student died, we took samples from all the girls' property that we could get and sent them to CDC-Atlanta, for investigations. We also did a post-mortem of the student," Zaramba said. He said results from the samples are expected in the next 2 weeks. "We tried to trace all that they had eaten and used." Zaramba said it was discovered that this was food-borne botulism. "We have advised the school to limit the amount of food that is brought for students on visitation days." This is the 2nd

botulism outbreak in Uganda, Zaramba said. The 1st was in the 1970s. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

HEMORRHAGIC FEVER WITH RENAL SYNDROME (RUSSIA): 12 Nov 2008. The 1st 2 cases of hemorrhagic fever with renal syndrome (HFRS) this fall have been registered in Lipetsk Oblast. The patients are a 30-year-old man and a 5-year-old boy from Dankovsky [district] -- a father and son from the village of Perehval. They are currently receiving treatment at the Central District hospital. The risk of airborne infection has increased greatly as a consequence of the increased numbers of rodents that transmit the virus responsible for HFRS. Due to the onset of colder weather rodents are moving closer to human habitations. People should take measures to protect themselves from these rodents by eliminating them from yards and gardens. Local authorities should implement rodent control measures. (Viral hemorrhagic fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmh.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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